



THE NORTHWESTERN UNIVERSITY

Reviewing Stand

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Accidents — Childhood's Greatest Health Hazard

A radio discussion over WGN and the Mutual Broadcasting System

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Accidents — Childhood's Greatest Health Hazard

MR. MCBURNEY: In this country we are told that about thirteen to fourteen thousand children under fifteen are killed by accidents each year. This is about a third of all child deaths in America. In other words, accidents are the principal cause of death among our children. To start this discussion, gentlemen, how do you regard this record of fatalities? Is it good or bad, Hunt?

MR. HUNT: Well surely, one cannot help but view with a considerable amount of concern a condition that each year takes the toll of so many lives among the children of our nation.

MR. MCBURNEY: Is it a growing problem, Dietrich? Have we had more child deaths in recent years than we used to have? What is the measure of the problem over a period of three or four decades?

Increase in Accidents?

DR. DIETRICH: Actually, the deaths related to population have not increased, but they also have not decreased. During this same time, however, our over-all death rate in children has declined very rapidly due to many advances made in medicine. For this reason accidents now have become proportionately much more important than they were ten, twenty or forty years ago.

Some of us have had the feeling that doctors generally are not as interested in accidents as they should be. Their effort has been in the past primarily concerned with the control of infection. Now they have had a very good record on that. They have lowered child mortality and brought accidents out in the foreground as our number one problem. I think they now should develop increasing concern over that.

DR. DIETRICH: I think it might be stressed that in every single year of the life of the child, except the first,

accidents are the number one killer of children.

DR. MCINTOSH: In discussing this problem of accidents of children, are you primarily concerned, Dr. Dietrich, with deaths or injuries? These statistics I just gave, appalling as they are, dealt almost wholly with more fatal accidents.

'Figures Approximate'

DR. DIETRICH: We have no accurate figures on the number of children permanently injured or even seriously injured temporarily. It must, however, be a very large number. Someone once remarked we can tell in each of our counties how many animals are rabid, how many gophers have rabies. There are census figures on that. We have no figures on our children as to how many are permanently injured.

DR. MCINTOSH: An estimate was made on the basis of a study in Massachusetts over a limited period of time, showing that for every fatal accident that occurred in a home, there were 150 disabling accidents to go along with that. Now, that is an approximation. That doesn't even measure the number of nondisabling, less important accidents.

DR. DIETRICH: In this same study to which Dr. McIntosh refers, it was also brought out that four of those accidents resulted in permanent disability.

DR. MCINTOSH: Four out of five.

DR. DIETRICH: Four resulted in permanent disability.

DR. MCINTOSH: Four for every one of the five.

DR. DIETRICH: Yes.

MR. HUNT: This might be a good time to break down the statistics on accidents which as has already been indicated take almost 14,000 lives annually. We find according to figures recently released by the National

Safety Council that motor vehicle fatalities head the list, and that they are accountable for about 3,500 deaths among children annually. Nearly two-thirds of these occur within the group five years of age and over, which, of course, is to be expected. Now, burns, scalds and explosions which account for the second largest listing amount to about 2,700, and here interestingly enough, two-thirds of these deaths occur in the group under five years of age. Drownings are the third largest classification. They account annually for about 2,300 deaths. Approximately 60 per cent are children over the age of five. Falls accounting for 900 are a substantial listing. Slightly more than half of the fatal falls involve children under five. Fire arms take a toll of about 600 and poison about 600 deaths annually, and the last classification, railroad accidents which account for the loss of life of about 300 children each year.

'Child's Age a Factor'

DR. MCINTOSH: These figures Mr. Hunt has just given us are very important in indicating the magnitude of the problem, but when we come to the question of how to prevent accidents, we are going to have to break these figures down separately. It seems to me that what we want to know—is very important to learn—is what accidents a child is apt to be subjected to at different ages. We know, for instance, that an infant under one year of age isn't apt to be involved in a firearm accident. We should make a study . . .

MR. MCBURNEY: At least it isn't likely that the infant would be holding the gun.

DR. MCINTOSH: That's right.

MR. HUNT: In other words, you are making a plea to localize the accident, and then determine responsibility, are you not, Dr. McIntosh?

DR. MCINTOSH: That's right. We want to know what the problem is, and the important thing for the medical profession is that you don't learn about the accident problem merely from studying the fatal cases

or even the disabling cases. You have to study all accidents.

MR. MCBURNEY: What kinds of accidents do these younger children face primarily? I think Hunt referred to that in giving these facts. What kind of cases do you meet in your hospitals?

DR. MCINTOSH: You mean younger children?

MR. MCBURNEY: Youngsters one, two or three years old.

DR. MCINTOSH: Let's take an infant under one year of age. Most of their injuries result from falls, although other kinds may come in, too. They may be burned by having boiling water spilled over them—other things of that kind. They might be strangled by accidentally getting wrapped up in a rope or something of the kind, but falls are their main type of injury. Then you get into the next age group, and you begin to bring in other kinds of accidents, other risks, that the child may be subjected to. For instance, it's well known that after a child gets to walking around, running around the house, he can pull electric light plugs. He can pull things down from a high table and spill on himself. He can also pick up poison that has been left around, supposedly to kill rats. He can get into a much greater variety of troubles than a younger child.

Interest and Abilities

DR. DIETRICH: I think Dr. McIntosh has indirectly pointed out a very important fact, and that is a child's accidents are related to his developmental abilities and interests. This, of course, must enter very definitely into any attempted solution we have to the problem.

MR. MCBURNEY: Do you think certain children are more prone to accidents than others, Dietrich?

DR. DIETRICH: That's a very difficult question to answer. Fortunately you said, "Do you think?" and not, "Do you know?" I think there probably are some children who for a variety of reasons get into more accidents

than others. Sometimes, as Dr. McIntosh has suggested, this is pure adventurousness. Other times I think they actually do have a psychological problem behind them.

MR. MCBURNEY: I would like to hear what Dr. McIntosh has to say about that.

DR. MCINTOSH: I rather object to the term "accident proneness" in the sense it is used for adults in industry, adults in driving motor cars. The application of that term to children is limited because I don't think we know enough about the problem. We all agree that some children have more accidents than others, but is that bad luck, bad judgment, or bad parental control? What is it? If a boy goes out and picks a fight with every child he sees on the street, of course, he is going to have a large number of injuries, but is he "accident prone"? Well, maybe he is just scrappy or he may have some other quality which I think isn't accurately described.

MR. HUNT: Perhaps certain children develop behavior patterns which result in frequent accidents.

DR. MCINTOSH: Well, that is one of the things we have to look into. I think that is one of the fundamental fields of research in this whole question of accident prevention. We have to know the developmental sequences of child growth and learn in that way how they get into trouble and how they can keep out of trouble.

Parents' Responsibility

DR. DIETRICH: I don't think there will be any better place to interject the thought that safe conduct is a form of behavior. I think this may be a partial answer to Mr. Hunt's question. This behavior like any other is shaped by the child's parents and his environment and a great many factors. I don't think you can divorce the question of accidents from any other behavior pattern of the child.

DR. MCINTOSH: In other words, at a certain age of an infant or child you would put the entire blame for his accidents on the parents. At a later

age he begins to share the blame, and finally he takes the whole blame or at least the major portion of it. Now, that is the sequence we need to study and follow. I am sure Dr. Dietrich has some very definite ideas on it.

MR. HUNT: I have been trying to say that the approach to the ultimate solution of this problem must be related to all the factors involved. The parent, the doctor, the child, and the environment in which the accident occurs, are all focal points, are they not, in the over-all evaluation of the problem?

Prevention

DR. DIETRICH: That is quite true. I think perhaps we are ready now to consider the question: How can we prevent accidents? Since we are discussing the child and the parents, suppose we consider them for a moment. I think that it is quite obvious if the infant under one year of age is going to be burned, drowned, crushed, mangled or poisoned, it is because someone has denied him the protection to which he is entitled. In other words, from birth up until the time the child begins to walk accident prevention is really quite simple. It is a matter of 100 per cent protection against serious hazards. If you skip over a few years and look ahead, you will discover there is coming a time around five or six years of age when this child is going to be away from the physical influence of his parents. He is going to school. He is going to play, and this is going to take him away from all the protective devices the parent has set up, and he is going to take with him only the things he has learned. In other words, shortly after one year of age, and increasing very rapidly, there has to be introduced a large segment of education which supplants a good deal of the protection.

DR. MCINTOSH: That brings into the discussion the role the pediatrician plays. I would like to point out some of the things he has to do in considering this problem. In the first place, he has to size up the situation both

as regards the developing infant and the parents and the parents' responsibility to the child. He begins quite early by explaining to them what are the various tricks they must know in order to avoid having this child fall. For instance, even an infant at one month of age if left on a bed, full-sized adult bed, can squirm and kick himself until he falls off that bed. If he falls on his head on a hard floor, serious trouble may come from it. In other words, the pediatrician can begin to tell the mother about that kind of hazard. As the child gets older, there are other hazards he must inform her about, and he should prepare himself with a definite schedule so he can anticipate trouble rather than mentioning it after the horse has been stolen, so to speak.

Responsibility of Pediatrician

MR. MCBURNEY: Do you think pediatricians generally assume that kind of responsibility?

DR. MCINTOSH: Definitely, definitely, but I think it has been done on an individual basis. I don't think we have yet pooled our results in order to map out the best possible program. I think there is a great opportunity there and a responsibility that definitely rests on the pediatrician.

MR. HUNT: We seem to be developing this problem chronologically. We have concerned ourselves with the role of the parent, particularly as it involves the child under the age of five, with the contributing influence of the pediatrician. Beyond the age of five the child, of course, becomes the concern of the school.

DR. MCINTOSH: Can I interrupt one moment, Mr. Hunt. I have to warn you we are going back to the early age a little later. There are important factors we haven't covered. We do want to hear now about the older child.

MR. HUNT: Very good. As the child comes into the school environment, this enlarged area of interest comes into consideration to which you have already made reference, Dr. Dietrich. The child is concerned not only with

himself, but he is concerned with his playmates and his associates in the classroom—not only in the classroom, but out in the school yard, in the gymnasium, in the auditorium, on his way to and from school. The teacher has to build up an awareness of safety factors. Those factors can contribute importantly to the self-preservation of the child. Increasingly, as maturity develops, the role of the individual both as an individual and in relationship to the social order of which he is a part becomes increasingly manifest. Self-preservation is important, but as the child develops, he must be prepared to assume his responsibility for the safety of the group, and later for his own children. I have skipped over this lightly, but it will give some idea of the cycle we are discussing.

MR. MCBURNEY: Do you want to say more about the role of the pediatrician, Doctor?

Education and Protection

DR. DIETRICH: Yes, I think that one of the reasons that we have somewhat ignored this problem of accidents and another reason why parents are so prone to think it is just impossible of solution is that there are so many facets to it. I would like to emphasize that this relationship between *protection* and *education* is a practical one. It can be applied in the home. I think if we convince parents that they can actually do this, then I think we are well on the way to the solution. For the moment, I would simply like to say the tools necessary for applying this idea, for transferring it from paper to the home, are that the parents must have some forethought, must use some time, and of course, must have some discipline in the home.

MR. MCBURNEY: You make a distinction between *protection* and *education*. What is that distinction? What do you have in mind?

DR. DIETRICH: I think perhaps we can best explain that by example. If we consider an infant of say eighteen months of age as able to toddle around the house, and who we

know is going to explore everything that it possibly can reach and that reach is going to be ever-growing, we want to teach that child, for instance, some concepts about nonedibility. We must expose him to situations in which he can learn, and a reasonable one to me, seems to be, to leave a cup of vinegar or a jar of very hot mustard or even some very hot pepper where he can get into it, taste it, and discover not everything is edible. This should be done objectively. That is education.

MR. MCBURNEY: You want him to learn it the hard way.

DR. DIETRICH: We want him to learn it the hard way, but at the same time that is education. We must *protect* him by locking up our poisons, our caustic substances, anything which would cause him serious damage.

'Learn by Doing'

DR. MCINTOSH: I would like to cite another example of the value of learning by doing and learning by making mistakes. The instinct for climbing is a very fundamental one. Any child between the ages of ten months and say eighteen months will begin to want to go upstairs and an older child will begin to want to climb with the aid of his hands. Well, maybe in the older days when he was out where there were lots of trees, he could learn this game by climbing trees. In the city that is not very easy, and his first experiments with climbing may be rather serious ones. Now, to offset that, some wonderful person, whose name I unfortunately don't know, invented the Jungle Jim. To my mind the Jungle Jim is one of the really important inventions of our time in educational equipment. A child can learn to climb using hands and feet and be safe. He will fall, but he won't seriously hurt himself, and he learns a great deal out of that experience. I think we need to apply that kind of educational technique to a whole variety of risks that a child is subject to.

DR. DIETRICH: Can we summarize that line of thinking by saying that while

we want to avoid the serious and crippling accidents, we recognize that a child has to learn in minor, painful ways? That is what we mean by *protection and education*.

MR. MCBURNEY: How does discipline enter into this program of education and protection you are talking about?

DR. DIETRICH: I hate to limit it to just education and protection because I think it enters into everything the child does. Due to an unfortunate misinterpretation of modern psychological and psychoanalytical thinking, many children have been deprived of the physical and the emotional security that comes from mild, consistent, logical discipline. Discipline is just as necessary for a child's happiness as it is for his life. I might cite just one example of a disciplined child and an undisciplined child. This child steps on the edge of the curbing, looks around, is obviously about to step off. One mother says, "Don't" and the child doesn't. The other mother says, "Don't" and the child does. The discipline is the difference in the two. One has been disciplined to know that when the mother gives him instructions they usually are about important things and that he had better pay attention to them.

Discipline

DR. MCINTOSH: There is a large area where discipline is unavoidable, and that is the area where the tools you are dealing with are fast-moving automobiles, firearms or other dangerous weapons. There are no half-way measures. You have to have discipline in order to avoid fatal accidents.

MR. MCBURNEY: Now, as a schoolman, do you go along with this concept of discipline, Mr. Hunt?

MR. HUNT: It presents good educational psychology, I feel, and the applications for us in the field of education are manifest. Our concern in shops, our concern in the laboratory, our concern in such routine matters as going to and from school, learning how to cross at intersections, learning to cross with the green light rather than against the red light, the care

with which one approaches crossing the street, looking up and down—all of those things involve discipline, and surely there is only one effective way, and that is through discipline. Yes, I am in complete agreement.

DR. DIETRICH: But I am sure Mr. Hunt means that the goal is self-discipline, that we are not stressing discipline imposed from above, but discipline trained into the child. You want to make him proud to have a safe record in school and every other aspect of life.

MR. MCBURNEY: Do you think there is such a thing, gentlemen, as making children and parents too conscious of accidents, throwing a wall of protection around them that is really unhealthy? How about that, Dietrich?

DR. DIETRICH: Well, I think there are two thoughts in the question that you ask. If you recall, we suggested that the role of protection has to be a steadily diminishing one, after a year of age, and must be supplanted by education. If you take that literally, education doesn't make people fearful. Overprotection may. There is no child who is so vulnerable to accidents as the child who has had too much protection, and that is why I say you must have this ever-growing segment of education entering into his experience. Then I don't think you will have overemphasis in the sense of causing fear at all.

Parent Education

MR. HUNT: We are concerned with self-reliance on the part of the child, are we not?

DR. DIETRICH: That's right.

DR. MCINTOSH: We are also concerned with parent education. If a parent worries too much about the accident problem without getting sound advice, without getting practical suggestions as to how to avoid accidents, then that parent's child is going to be a candidate for trouble, it seems to me.

MR. HUNT: To the extent the child can develop self-reliance, then he doesn't have to worry about these

phobias that may be produced by the parent.

DR. MCINTOSH: Well, it is easy to say that, but it is also unfortunately true that it is just the fearful parent who is most reluctant to permit the education of the child at a proper rate and in a proper sequence.

MR. HUNT: That's why I like character building programs such as those of the Boy Scouts and Girl Scouts that teach this self-discipline, and this self-reliance on the part of our growing children.

MR. MCBURNEY: Don't you think the tendency on the part of the really careful parent is to deny the child activities, activities, true, which might involve him in an accident? You prevent your child from going near the water. You prevent him from doing this interesting thing or that interesting thing which he might like to do for fear he will be involved in some of these crippling accidents you are talking about, and you may get, as a result, a frustrated youngster on your hands.

'Experience Necessary'

DR. MCINTOSH: I think it is essential that we as pediatricians and you as educators must impress the fact upon parents that minor accidents are, I believe, absolutely an essential part of a child's experience, and I think we have to expect some cut lips and chipped teeth and split scalps and maybe even a few simple fractures as part of that educational experience. Now, if those experiences are properly used by the doctor and the parent, they are of tremendous educational value. If, on the other hand, the parents attempt to poultice the child's pain with a lot of emotional display or stuffing its stomach with sweets, they completely rob the child of the benefit of that education.

MR. HUNT: May we include the teacher in this classification? The point you make involves an important educational principle.

DR. MCINTOSH: It seems to me that this whole problem has to be indi-

visualized as far as the child is concerned. A question that is often asked is: At what age would it be proper to give a 22 rifle to a boy? Well, it seems to me it is not a question of age. It is a question of that boy's personality, his carefulness with other things than guns, what he does with toy guns. If he is still aiming toy guns at people and making a noise like a sawed-off shot gun, he is not yet ready for his 22. In other words, he has to be studied on an individual basis.

DR. DIETRICH: And also, if that same parent who is going to give it, is the type of parent who says, "I wish you wouldn't point that at somebody," and walks away instead of taking the gun away from the child for a week, you are in trouble, too.

Traffic Deaths

MR. MCBURNEY: Now in the statistics that were introduced earlier here, traffic deaths in traffic accidents loomed rather large as I remember.

MR. HUNT: The very first. It's the very first listing among the fatalities.

MR. MCBURNEY: Does that come from youngsters operating automobiles, I wonder? I suppose that is a factor, don't you? In any event, what is your attitude toward the operation of automobiles by children, shall we say, youngsters? Here in Illinois, they can operate a car when they are fifteen years old. Am I right in that?

MR. HUNT: Yes, and isn't it reasonable to expect that in this motor age that practically every girl and boy ultimately is going to operate a motor vehicle? We have millions of cars on the roads today and different states have different laws. Again the responsibility, it seems to me, rests jointly on the part of the home and the school. Dr. McIntosh concerned himself a moment ago with the area of responsibility as it is related to the use of firearms. Well, we just can't say that because a child is fifteen or sixteen or seventeen he has all of the innate characteristics and the abilities to drive a motor car. There has to

come out of it a training and experience and again self-discipline. Here again is a cooperative expression of responsibility. Some schools are developing programs of driver education, behind-the-wheel, actual instruction in driving motor cars. Again I like to think of it as a joint responsibility that attaches to the home and to the school.

DR. MCINTOSH: You asked the question earlier whether these motor accidents were due to child drivers. Now, that points up the ignorance in which we now stand as to the data of this whole field. I don't think the answer to that question can be given, but I do think that we need to study the accident problem, the genesis, the origin of accidents and find out what the factors involved are. If it turned out that a large proportion of childhood accidents from motors were due to child drivers, then litigation may be the answer, but I think you may find that the responsible factor is someone else.

'Prepare for Living'

DR. DIETRICH: There is a phrase I like—and I hope it isn't just because I wrote it. I think it applies to this whole accident field; that is, children should be prepared for, rather than protected from, ordinary risks of living.

MR. MCBURNEY: That is a good phrase. I was interested, though, in what Mr. Hunt had to say about youngsters operating automobiles. In the state in which I live, Illinois, they can legally operate an automobile if they can get a license, when they are fifteen years old. You suggest some youngsters are able to operate a car at fifteen. Others aren't sufficiently mature, maybe even at sixteen or seventeen, but parents are under terrific pressure, gentlemen, believe me, when these youngsters achieve the ripe old age of fifteen, to start operating automobiles, and what are we as parents going to tell these youngsters?

MR. HUNT: Well surely, we must tell them about the responsibility that

attaches to that privilege. It is an obligation that is involved, and the parent has a very definite responsibility in making that clear before that car is turned over to the child.

Care of Accidents

MR. MCBURNEY: We have been talking throughout the discussion about prevention of accidents. Now what are we doing to help children in our clinics and hospitals who are suffering from crippling accidents? Have we made much progress there, Doctor?

DR. DIETRICH: Definitely, we have made very conspicuous progress in

the care of children who get hurt in a variety of ways. That's important, but it would be much better if we could prevent the accidents rather than treat them after they have occurred.

MR. MCBURNEY: That certainly has been our emphasis throughout this discussion. I want to thank you doctors for a constructive discussion of what I think is a very important problem. You seem to regard the problem as serious, certainly, and one which is amenable to the kind of constructive program you have been describing here.



Suggested Readings

Compiled by Eugen Eisenlohr
and M. Helen Perkins, Reference Department,
Deering Library, Northwestern University.



The American School and University, 1949-'50. New York, American School Publishing Company, 1949, p. 288-92. "Planning the Safe School Shop," W. H. VAN WIENEN.

Detailed floor plans of a safe shop and a discussion of size, lighting, color scheme, flooring, arrangement of working areas, noise control, ventilation, storage, fire prevention, and attitudes.

FLOHERTY, JOHN JOSEPH. *Watch Your Step.* Philadelphia, Lippincott, 1950.

Valuable information on the causes and prevention of accidents, including chapters on accidents in the home, school, woods, water, and on the highway.

National Commission on Safety Education. *Bicycle Safety in Action.* Washington, D. C., The Commission, N.E.A. 1950.

A 48 page pamphlet on how to ride a bicycle safely.

SEATON, DON CASH. *Safety in Sports.* New York, Prentice-Hall, 1949.

Deals with the development of proper skills in many types of games and sports.

American Home 41:42-3+, May, '49. "Slaughter of the Innocents; Home Accidents and Babies." R. DAVIS.

Ten do's and don't's to prevent home accidents which in one year killed 275 children under two in drownings, 390 through burns, 1,400 from mechanical suffocation, and 200 from falls.

American Home 42:18+, Je., '49. "Dallas Invests in Teen-Agers." D. MONROE.

A description of the Dallas, Texas driver-training course including the groups participating, the equipment and text books used, and the results gained.

American Home 42:44-5+, Jl., '49. "Death Takes No Vacation." R. DAVIS.

Fourteen rules to follow to keep the family safe on vacation.

American Journal of Public Health 39:1434-8, Nov., '49. "Persistent Hazards in the Home Accident Pattern." D. B. ARMSTRONG and W. G. COLE.

Tables of statistics with commentary on home accidents from two studies of the Metropolitan Life Insurance Company showing age of injured, type of accident, objects involved, etc.

American Medical Association Journal 144:1175-1179, Dec. 5-8, '50. "Accident Prevention in Childhood." H. F. DIETRICH.

Charts, diagrams, and statistics comparing childhood accidents with other causes of child mortality, definite accident prevention steps and an excellent bibliography.

Collier's 122:22-3+, Aug. 28; 16-17+, Sept. 11, '48. "Carelessness, the Child Killer." H. HENDERSON and S. SHAW.

Vivid portrayal of the kinds of accidents that kill youngsters under fifteen in the United States at the rate of 39 a day, or 14,500 a year, with suggestions for positive action by parents and communities.

Hygeia 25:62+, Aug., '47. "Home Safety for Babies and Preschool Children." D. OPPENHEIM.

Definite steps for parents to follow in clearing a baby's path of accident hazards.

Hygeia 26:222, Mar., '48. "Kitchen Hazards."

A summary of possible kitchen accidents, many involving children, which have cost the U.S. as many as 6,000 lives a year.

Industrial Arts and Vocational Education 38:194, May, '49. "Student's Vacation."

Lists types of accidents liable to beset school children during vacations and suggests that the youngsters be pre-conditioned to avoid these dangers.

National Education Association Journal 39:190-1, Mar., '50. "Safety Thru Pupil Patrols." F. W. HUBBARD.

Results of a survey on school playground and building patrols, fire-drill patrols, and patrols for school busses and traffic. Discusses authorization, legal liability, and improvements needed in patrol management.

Parent's Magazine 22:14, Jl., '47. "Are Firecrackers Necessary?" N. H. DEARBORN.

Statistics on injuries from fireworks between 1937 and 1941 with several vivid examples of disasters from this cause. A half-page article.

Parent's Magazine 24:28-9+, Aug., '49. "Car Is Their Classroom." H. W. TOOHER.

A description of high school automobile driving courses which are reducing teen-age motor injuries and deaths from 63 injured and 12 killed out of 100, to half those figures.

Parent's Magazine 24:40+, Dec., '49. "If Your Baby Falls." P. M. STIMSON.

A description of the types of injuries caused by a baby's fall, most of which are not serious, and the symptoms for which to watch in case the fall should prove serious.

Rotarian 75:22-3+, Jl., '49. "Teach 'Em to Swim Safely!"

A short article and pictures on the American Red Cross educational program in swimming, life-saving, and water-accident prevention.

Saturday Evening Post 222:17-19+, Dec. 17, '49. "Our Youngsters Don't Have to Be Killers." S. SHALETT and H. C. McFADYEN.

A report on the driver training programs that are given in the schools of several communities.

Sight-Saving Review 20:11-21, 1950. "Eye Accidents to School Children."
C. E. KERBY.

A ten-page article containing material on types of eye accidents, severity, place of accidents, objects causing injuries, needed planning.

Today's Health 28:24-5, Apr., '50. "You Can Stop Those Childhood Accidents."
A. RICH.

Excellent suggestions as to how to avoid specific types of children's accidents.

Woman's Home Companion 75:34-5+, May, '48. "Too Many Children Die!"
G. WEINSTEIN.

Short paragraph stories of the accidents that kill many of our younger children in the U.S.



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